NEO: BENEFITS PRESENTATION

Presented by: Human Resources

Schedule

9:45 a.m. – 11:15 a.m.	Eligibility; Medical, Dental, Vision Options; Flexible Spending Account; Health Savings Account; Employee Assistance Program; Short Term Disability; Mohave in Motion Wellness Program; Life Insurance; Retirement; Voluntary/Optional Benefit Options
11:15 a.m. – 12:15 p.m.	Lunch

Enrollment Process Information

Eligibility (as defined by the Affordable Care Act (ACA) regulations):

- Active employees – Regular employees working 30 or more hours per week; Medical, Dental, and Vision ONLY

Dependent eligibility:

- Medical, Dental, and Vision benefits are available for your lawful dependents as follows:
  - Lawful spouse as defined by Arizona law.
  - Children
    - Natural or adopted children
    - Stepchildren
    - Lawfully placed foster children
    - Children under the legal guardianship of the employee substantiated by a court order.

Plan eligibility for children:

- Medical/Prescription/Dental/Vision plans/Additional Life Plans- Children through the end of the month of their 26th birthday.

Effective Date of Coverage:

- Insurance coverage begins on the first day of the month following 30 days of employment. Benefit premiums are paid one month in advance and deductions will likely start on your first paycheck.

New Hire

You ***must*** complete enrollment process in ESS ***once you have been contacted by your HR Technician***. You ***must*** submit the appropriate documents to substantiate eligibility to the Plan Administrator within ***31 days of hire***. An employee who presents a decree ordering benefits may not add or keep the dependent on the plans if the dependent does not meet the definition of dependent.

Annual Open Enrollment

Changes may be made to your Benefit Plans during Open Enrollment each spring. ***The changes made during Open Enrollment will be effective on July 1st***; premiums are taken one month in advance.

Qualifying Event

Changes may be made to your **Benefit Plans** due to a Qualifying Event. Qualifying Events are considered a change in status which can include but are not limited to; marriage/legal separation/divorce, birth or adoption of a child, and/or loss of other coverage. You have 31 days after the date of event to notify HR and make enrollment changes.

Summary of Benefits and Coverages

Examples of plan coverages and comparisons can be accessed online on the Mohave County HR page; www.Mohave.gov.

Glossary of Medical Terms

To help you better understand the terminology being used, please refer to the Mohave County HR page for a glossary of Medical terms.

Medical/Prescription Carrier

Medical: Meritain Health/Blue Cross Blue Shield of AZ & Aetna

- Mohave County Employee Benefit Trust (MCEBT) has two medical plan options:
  - **Traditional – Exclusive Provider Organization (EPO)**
  - **High Deductive Health Plan (HDHP)**

- Both plans utilize Blue Cross Blue Shield of Arizona for coverage in Arizona, and the Aetna Choice POS II network for **out of Arizona** coverage.

Create a member portal by logging in to **www.mymeritain.com**. Have your Group ID number available for your initial log-in.

Out of Network claims will not be processed. Only Emergency Medical situations may be considered.

Traditional – Exclusive Provider Organization (EPO)

All services received **in Arizona** must be rendered by a Blue Cross Blue Shield of Arizona network provider. All services received **outside of Arizona** must be rendered by an Aetna Choice POS II network provider. Benefits for services performed outside of the Blue Cross Blue Shield of Arizona or the Aetna Choice POS II network will not be available (except in the case of an Emergency Medical Condition).
You must pay for a certain portion of the cost of Covered Expenses under the Plan, including (as applicable) any Copay, Deductible, and Coinsurance percentage that is not paid by the Plan, up to the Out-of-Pocket Maximum set by the Plan. There is a **$1,200 Calendar Year Deductible** per Covered person. Some services have a copay, and some are covered 80% after the deductible is met. There is a **$6,300 Out of Pocket maximum** per person and a **$12,700 Out-ot-Pocket maximum per family**, per year.

High Deductible Health Plan (HDHP)

All services received **in Arizona** must be rendered by a Blue Cross Blue Shield of Arizona network provider. All services received **outside of Arizona** must be rendered by an Aetna Choice POS II network provider. Benefits for services performed outside of the Blue Cross Blue Shield of Arizona or the Aetna Choice POS II network will not be available (except in the case of an Emergency Medical Condition).
On the HDHP Plan the Out-of-Pocket Maximum is the same as the Deductible. **$3,250 Deductible/Out-of-Pocket** for Single coverage and **$6,500 Deductible/Out-of-Pocket** for Family coverage. This is the maximum amount you and/or all your family members will pay for eligible expenses incurred during a Calendar Year before the percentage payable under the Plan increases to 100%.

Employees electing the High Deductible Health Plan are eligible to have a Health Savings Account (HSA).

BENEFIT	EPO PLAN	HIGH DEDUCTIBLE PLAN
Calendar Year Deductible **2024**	$1,200 per Person	$3,250 per Person
		$6,500 per Family
Calendar Year Out-of-Pocket Max **2024**	$6,300 per Person	$3,250 per Person
	$12,700 per Family	$6,500 per Family
Calendar Year Deductible **2025**	$1,200 per Person	$3,250 per Person
		$6,500 per Family
Calendar Year Out-of-Pocket Max **2025**	$6,300 per Person	$3,250 per Person
	$12,700 per Family	$6,500 per Family
Physician Office Visits/Surgeries	**PARTICIPATING PROVIDERS ONLY**	
Inpatient/Outpatient Services including Hospital	80% after Deductible	100% after Deductible
Primary Care Physician/Specialist	$30 / $50 Copay*, then 100%; Deductible Waived	100% after Deductible
Teladoc	100%; Deductible Waived	100%; Deductible Waived
All Other Services and Supplies Rendered During an Office Visit	$15 Copay**, then 100%: Deductible Waived	100% after Deductible
NOTE: Services for diagnostic testing, x-ray and lab work performed or referred outside the Physician's office, or for collected lab specimens by the Physician and then sent out, will incur separate fees in addition to this benefit as shown under the Diagnostic Texting, X-ray and Lab Services benefit.		
Preventative Services/Routine Care	**PARTICIPATING PROVIDERS ONLY**	
Required by Health Care Reform	$0 Copay - Deductible Waived	100%; Deductible Waived
Over & Above Health Care Reform	$30 Copay	100%; Deductible Waived
Diagnostic Testing - X-Ray and Lab Services Performed	**PARTICIPATING PROVIDERS ONLY**	
Inside a Physician's Office	Paid under Physician's Office Visit	100% after Deductible
Outside of Physician's Office or Hospital	20% coinsurance	100% after Deductible
Urgent Care	**PARTICIPATING PROVIDERS ONLY**	
	$75 Copay	100% after Deductible
Emergency Services - Emergency Medical Condition	**PARTICIPATING PROVIDERS ONLY**	
	$200 Copay, then Deductible, then 80%	100% after Deductible
NOTE: The Deductible will be waived if the person is admitted directly as an Inpatient to the Hospital.		
Mental Health/Substance Use Disorders	**PARTICIPATING PROVIDERS ONLY**	
Inpatient	80% after Deductible	100% after Deductible
Outpatient		
Telemedicine	100%; Deductible Waived	100%; Deductible Waived
Teladoc	100%; Deductible Waived	100%; Deductible Waived
All Other Outpatient	$30 Copay, then 100%; Deductible Waived	100% after Deductible
NOTE: Emergency care (ambulance and Emergency Services/Room) will be paid the same as the benefits for ambulance services and Emergency Services/Room listed in the Medical Schedule of Benefits, however, the Participating Provider level of benefits will always apply regardless of the provider utilized.		
*Copay applies to all services during an office visit if a Physician is seen.		
**Copay applies to all services and supplies when a Physician is not seen.		

Plan Comparison

- Please note that not all Covered Expenses are eligible to accumulate toward your Deductible/Out-of-Pocket Maximum. The Plan will not reimburse any expense that is not an eligible expense. In addition, a Covered Person must pay any expenses that are in excess of the Usual and Customary Charges for Non-Participating providers. This could result in the Covered Person having to pay a significant portion of the claim. None of these amounts will accumulate toward the Covered person's Out-of-Pocket Maximum.

Plan Comparison – Examples

Emergency Care:

EPO

In-Hospital Emergency Room
$200 copay + Deductible
+ 20% of eligible expenses (coinsurance)

Call American Health Group (AHG) within 48 hours

Ambulance
20% of eligible expenses

Urgent Care Facility
Deductible waived
$75.00 copay

Total charges:	$ 224.00
Provider Discount:	$ 139.41
Payment made by plan:	$ 9.59

Amount applied to out of pocket: $75.00

HDHP

In-Hospital Emergency Room
100% of eligible expenses until deductible has been met

Call American Health Group (AHG) within 48 hours

Ambulance
100% of eligible expenses until deductible has been met

Urgent Care Facility
100% of eligible expenses until deductible has been met

Total charges:	$ 224.00
Provider Discount:	$ 139.41
Payment made by plan:	$ 0
Patient responsibility	$ 84.59

Amount applied to out of pocket: $84.59

Office Visit:

EPO

Primary Care Facility

Deductible waived

Total charges:	$ 248.00
Provider Discount:	$ 151.89
Applied to Copay:	$ 30.00
Payment made by plan:	$ 66.11

Amount applied to out of pocket: $30.00

Teledoc $ 0 Copay

HDHP

Primary Care Facility

100% of eligible expenses until deductible has been met

Total charges:	$ 224.00
Provider Discount:	$ 151.89
Applied to Copay:	No Copay
Payment made by plan:	$ 0
Patient responsibility	$96.11

Amount applied to out of pocket: $96.11

Once deductible has been met, plan pays
100% of eligible expenses
Teledoc $ 0 Copay

Switching between Medical Plans

Open Enrollment is the time of year set aside for Covered Employees to review their benefit options and make changes. If you elect to switch coverage between the EPO and High Deductible medical plans, here are some items you should consider:

- Per IRS regulations you will receive no credit for any Deductible or Out-of-Pocket amounts that you have paid this Plan year under the Plan you elected.
- Since this is a midyear election, the full Deductible will begin again each January. Deductible and Out-of-Pocket amounts run on a calendar year January to December.

There is no out-of-network medical coverage

It is your responsibility, as a medical member, to verify and confirm that your provider is in the Blue Cross Blue Shield of Arizona network **www.azblue.com/CHSnetwork** **800-232-2345** or the Aetna Choice POS II network **www.aetna.com/docfind/custom/mymeritain** **(866)300-8449.**

BENEFIT	EPO PLAN	HIGH DEDUCTIBLE PLAN
Prescription Medications		
Retail Pharmacy Prescription Medications		
- Generic (up to 30/90 day supply)	$15\$30 Copay	100% Covered after Deductible
- Preferred (up to 30/90 day supply)	$40\$100 Copay	100% Covered after Deductible
- Non-Preferred (up to 30/90 day supply)	$80\$240 Copay	100% Covered after Deductible
- Specialty (up to 30/90 day supply)	$100\$300 Copay	100% Covered after Deductible
- Preventive	$0 Copay	100% (Deductible Waived)
- Proton Pump Inhibitors (i.e., Nexium, Prevacid, etc.)	50%	100% Covered after Deductible
Mail Order Prescription Medications (90 day supply)		
- Generic	$45 Copay	100% Covered after Deductible
- Preferred	$120 Copay	100% Covered after Deductible
- Non-Preferred	$240 Copay	100% Covered after Deductible
- Specialty	$300 Copay	100% Covered after Deductible
- Preventive	$0 Copay	100% (Deductible Waived)
- Proton Pump Inhibitors (i.e., Nexium, Prevacid, etc.)	50%	100% Covered after Deductible

Find additional information about your prescription drug plan online at: www.Navitus.com/members where you can:

*Find a pharmacy*File a claim*Access your member portal*

Customer care is available 24 hours a day, 7 days a week at 866-270-3877

Prescription Benefit Program: Navitus Health Solutions

Create a member portal by logging on to **www.Navitus.com** > members>member login

Prescription Benefits

- Both Plans require pharmacies dispense Generic Drugs when available unless the Physician specifically prescribes a Preferred or Non-Preferred Drug and marks the script "Dispense as Written"(DAW). Should a Covered Person choose a Preferred or Non-Preferred Drug rather than the Generic equivalent when the Physician allowed a Generic Drug to be dispensed, the Covered Person will be responsible for the cost difference between the Generic and Preferred or Non-Preferred Drug. The cost difference is not covered by the Plan and will not accumulate toward your Out-of-Pocket Maximum.
  - **EPO** Prescription Copays are combined with the Calendar year Out-of-Pocket Maximum. There is no coverage under the Plan for Prescription Drugs obtained from a Non-Participating Pharmacy.
  - **HDHP** Prescription Drug Deductible and Prescription Drug Calendar Year Out-of-Pocket Maximum are combined with major medical Deductible and Out-of-Pocket Maximum. There is no coverage under the Plan for Prescription Drugs obtained from a Non-Participating Pharmacy.

Teledoc

Health Services: Teledoc is a healthcare option available for phone, video, or the app, 24 hours a day, 7 days a week, for everyday care in non-emergent medical conditions such as:

- Flu
- Allergies
- Rashes
- Bronchitis
- Sinus Infection
- Urinary/Bladder Infections

Behavioral Health: Teledoc also offers outpatient counseling services for common issues such as:

- Stress
- Anxiety
- Depression
- Substance Abuse
- Family Difficulties

Three (3) easy ways to enroll

- **Online**: visit www.Teledoc.com or wwwMyDrConsult.com and click **Log In/Register**
- **Mobile App**: To download the app, visit the App Store, Google Play, or www.Teledoc.com/mobileapp. Once it is downloaded to your device, click on **Activate Account.**
- **Call**: (800) 835-2362 and a Customer Service Rep will help you register.

Teledoc physicians will not prescribe narcotics.

Employee Assistance Program (EAP)

Emotional wellbeing and work-life balance resources to keep you at your best

SupportLinc offers expert guidance to help you and your family address and resolve everyday issues.

In-the-moment support
Reach a licensed clinician by phone 24/7/365 for immediate assistance.

Financial expertise
Consultation and planning with a financial counselor.

Legal consultation
By phone or in-person with a local attorney.

Short-term counseling
Access up to **six (6) no-cost counseling sessions**, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse.

Convenience resources
Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.

Confidentiality
Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law.

Your web portal and mobile app
- The one-stop shop for program services, information and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

Convenient, on-the-go support
- **Textcoach®**
  Personalized coaching with a licensed counselor on mobile or desktop.
- **Animo**
  Self-guided resources to improve focus, wellbeing and emotional fitness.
- **Virtual Support Connect**
  Moderated group support sessions on an anonymous, chat-based platform

Start with Navigator
Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator survey. You'll immediately receive personalized guidance to access support and resources.

supportlinc
EMPLOYEE ASSISTANCE

Download the mobile app today!

1-888-881-5462

supportlinc.com
group code:
mcebt

Flexible Spending Account (FSA)

Mohave County offers you an opportunity to participate in two FSA programs: A Healthcare FSA and a Dependent Care FSA. An FSA is a tax effective, money-saving option that will help you pay for qualified medical, dental, and vision care expenses (i.e.: copay, deductible, coinsurance and some over the counter items) in addition to dependent care services for eligible children or adults who are unable to care for themselves necessary to enable you to work. There is an FSA guide with FAQ's available to you on the Mohave County HR Page in the Benefits section.

The annual amount you elect for healthcare cost is available to you at the beginning of the plan year.

The amount available for reimbursement for dependent care is limited to the balance in your account.

When you enroll in an FSA, you designate in advance the amount of money you wish to have deducted from your salary over 26 pay periods and deposited into your FSA over the length of a year. To do this, you must estimate in advance the annual costs you want your FSA to cover. If you underestimate, you will deplete your FSA before the end of the year; if you overestimate and there is money left in your FSA at the end of the year, you will unfortunately forfeit this money. The IRS's rule of thumb is **"use if or lose it".**

IRS Tax Publication 502 outlines the medical and dental expense eligible for reimbursement. Please refer to **https://www.irs.gov** to find publication 502.

IRS regulations do not allow you to stop, start, or change your contributions at any time during the plan year **UNLESS** you experience a qualified change in status, such as a change in marital status, number of dependents, or employment status.
Flexible Spending Accounts may be paired with HDHP or the Traditional EP. Individuals with an HSA do not qualify to enroll for an FSA. Open Enrollment is based on the calendar year, January through December.

Eligible Health Care Expenses – FSA
2024 - Maximum amount $3,200 ($123.08/pay period)

Eligible Dependent Care Cost - DC
2024 - Maximum amount $2,500 ($96.15/pay period)

If filing taxes jointly- FSA
2023 – Maximum amount $5,000 ($192.31/pay period)

Health Savings Account (HSA)

An HSA, or Health Savings Account, is a unique tax-advantaged account that can be used to pay for current or future healthcare expenses. When combined with a high-deductible health plan (**HDHP**), it offers savings and tax advantages that a traditional plan can't duplicate.

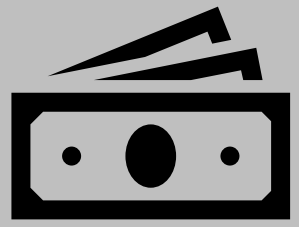
Contributions for the HSA are made into the account by the individual over **24** pay periods and are limited to a maximum amount each year. For calendar year, **2024**, the annual limitation on deductions for an individual is **$4,150** and for an individual with family coverage under the High Deductible Health plan is **$8,300**. Contribution minimum is $10.00 per pay period. Additionally, anyone over the age of 55 can contribute an additional $1,000 annual catch-up contribution. The main **requirement for opening an HSA** is having a high-deductible health plan (**HDHP**) that meets IRS guidelines for the annual deductible and out-of-pocket maximum. **HSA funds roll over annually**.

To be an eligible individual and qualify for an HSA, the following requirements must also be met:

You:

- Are not covered by any other non-HDHP health plan, such as a spouse's plan, that provides any benefits covered by your HDHP plan
- Are not enrolled in Medicare.
- Do not receive health benefits under TRICARE.
- Have not received Veterans Administration (VA) benefits within the past three (3) months.
- Cannot be claimed as a dependent on another person's tax return.
- Are not covered by a general-purpose health care flexible spending account (FSA) or health reimbursement account (HRA). Alternate plan designs (limited purpose) may be permitted.

A monthly maintenance fee of $1.75 is charged to the employee's accounts, this monthly fee is waived if employee's account has an average daily balance over $3,000.



Dental Plan Benefits

Mohave County has two Dental plan options:

- Ameritas Dental – Low Option (does **not** include Orthodontia)
- Ameritas Dental- High Option (does include Orthodontia)

High Plan Dental Summary — **Effective Date: 7/1/2023**

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	$50/Calendar Year Type 2 & 3 Waived Type 1 $150/family
Maximum *(per person)*	$2,000 per calendar year
Allowance	90th U&C
Waiting Period	None
Annual Eye Exam	None
Annual Open Enrollment	Included

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum *(per person)*	$1,500
Waiting Period	None

Sample Procedure Listing (*Current Dental Terminology* © American Dental Association.)

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period)	• Fillings for Cavities	• Onlays
• Bitewing X-rays (2 per benefit period)	• Restorative Composites (anterior and posterior teeth)	• Crowns (1 in 5 years per tooth)
• Full Mouth/Panoramic X-rays (1 in 3 years)	• Endodontics (nonsurgical)	• Crown Repair
• Periapical X-rays	• Endodontics (surgical)	• Denture Repair
• Cleaning (2 per benefit period)	• Periodontics (nonsurgical)	• Implants
• Fluoride for Children 17 and under (2 per benefit period)	• Periodontics (surgical)	• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
• Sealants (age 18 and under)	• Simple Extractions	
• Space Maintainers	• Complex Extractions	
	• Anesthesia	

In your secure online member account, you have 24/7 access to:

- your personalized ID card; print it or save it to your smartphone
- claim status and a breakdown of how benefits were calculated and payments processed
- plan details including maximum benefit and deductible amounts, and your remaining benefits
- the average cost for in- or out-of-network procedures based on ZIP code with the Dental Cost Estimator

Low Plan Dental Summary	Effective Date: 7/1/2023
Plan Benefit	
Type 1	100%
Type 2	50%
Type 3	50%
Deductible	$100/Calendar Year Type 2 & 3
	Waived Type 1
	$300/family
Maximum *(per person)*	$2,000 per calendar year
Allowance	90th U&C
Waiting Period	None
Annual Eye Exam	None
Annual Open Enrollment	Included

Sample Procedure Listing (*Current Dental Terminology* © American Dental Association.)

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period)	• Fillings for Cavities	• Onlays
• Bitewing X-rays (2 per benefit period)	• Restorative Composites (anterior and posterior teeth)	• Crowns (1 in 5 years per tooth)
• Full Mouth/Panoramic X-rays (1 in 3 years)	• Endodontics (nonsurgical)	• Crown Repair
• Periapical X-rays	• Endodontics (surgical)	• Denture Repair
• Cleaning (2 per benefit period)	• Periodontics (nonsurgical)	• Implants
• Fluoride for Children 17 and under (2 per benefit period)	• Periodontics (surgical)	• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
• Sealants (age 18 and under)	• Simple Extractions	
• Space Maintainers	• Complex Extractions	
	• Anesthesia	

Register for your secure member account at: ameritas.com

The one-time set up is quick and easy:

- Go to ameritas.com
- Sign in to your Customer (Member) Account under the Dental/Vision/Hearing dropdown
- On the Login page select "Register Now"
- Complete the New User Registration form

Using online services helps to minimize your risk of identity theft, protect your privacy, and get your benefit information faster.

Plan 1: EyeMed ViewPointe

EyeMed ViewPointe® Plan H Summary	EyeMed Insight Network	Out of Network	Effective Date: 7/1/2023
Deductibles	$10 Exam $25 Eye Glass Lenses	No deductible	
Annual Eye Exam	Covered in full	Up to $35	
Lenses (per pair)			
Single Vision	Covered in full	Up to $25	
Bifocal	Covered in full	Up to $40	
Trifocal	Covered in full	Up to $55	
Lenticular	20% discount	No benefit	
Progressive	See lens options	NA	
Contacts			
Fit & Follow Up Exams			
Standard	Standard: Member cost up to $40	No benefit	
Premium (Allowance)	Premium: 10% off of retail	No benefit	
Elective	Up to $180	Up to $144	
Medically Necessary	Covered in full	Up to $200	
Frame Allowance	$180	Up to $90	
Frequencies (months)			
Exam/Lens/Frame	12/12/12 Based on date of service	12/12/12 Based on date of service	

Lens Options (member cost)

	EyeMed Insight Network	Out of Network
Progressive Lenses		
Standard	$65 + lens deductible	No benefit
Premium		
Tier 1	$85 + lens deductible	No benefit
Tier 2	$95 + lens deductible	No benefit
Tier 3	$110 + lens deductible	No benefit
Tier 4	$65 plus 80% of charge less $120 allowance	No benefit
Std. Polycarbonate	$40	No benefit
Tint (solid and gradient)	$15	No benefit
Scratch Resistant Coating	$15	No benefit
Anti-Reflective Coating		
Standard	$45	No benefit
Premium		
Tier 1	$57	No benefit
Tier 2	$68	No benefit
Tier 3	80% of the charge	No benefit
Ultraviolet Coating	$15	No benefit
Lasik or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

Vision Plan Benefits

Vision insurance is available to regular employees working at least 30 hours per week through two different plans. Plan 1: EyeMed ViewPointe or Plan 2: VSP Focus with the Ameritus Group.

You are covered for:

- Eye Examination: Once every 12 months
- Lenses or Contact Lenses: Once every 12 months
- Frames: Once every 12 months

Ameritas
fulfilling life.

Dual Choice Vision

Ameritas
fulfilling life.

Dual Choice Vision

How to choose a vision plan

Both plans help you save money and maintain healthy eyes and sharper vision. To decide which plan is right for you, first search for your provider or retail location at vsp.com and eyemed.com to find your preferred providers or retail locations. Visiting a network provider will help you save even more. Then compare the plan details to determine which plan better fits your needs.

No matter which you choose, these plans are designed to be easy to use and to save you money.

- You have the freedom to choose any vision provider. However, your benefit dollars go further when you visit a VSP or EyeMed network provider.
- No claim forms. When you visit a VSP or EyeMed provider, your claim is submitted for you.
- Each network provides additional savings on eyewear and laser vision correction.

Plan 2: VSP Focus

VSP Focus® Plan Summary — **Effective Date: 7/1/2023**

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	$10 Exam $25 Eye Glass Lenses or Frames*	$10 Exam $25 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to $45
Lenses (per pair)		
Single Vision	Covered in full	Up to $30
Bifocal	Covered in full	Up to $50
Trifocal	Covered in full	Up to $65
Lenticular	Covered in full	Up to $100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to $60	No benefit
Elective	Up to $180	Up to $145
Medically Necessary	Covered in full	Up to $210
Frame Allowance	$180**	Up to $70
Frequencies (months)		
Exam/Lens/Frame	12/12/12 Based on date of service	12/12/12 Based on date of service

**Deductible applies to a complete pair of glasses or to frames, whichever is selected.*
***The Costco and Walmart allowance will be the wholesale equivalent.*

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children $33 adults	No benefit
Solid Plastic Dye	$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	$17	No benefit
Photochromatic Lenses (Glass & Plastic)	$31-$82	No benefit
Scratch Resistant Coating	$17-$33	No benefit
Anti-Reflective Coating	$43-$85	No benefit
Ultraviolet Coating	$16	No benefit

**Lens Option member costs vary by prescription, option chosen and retail locations.*

Short Term Disability Insurance

Short Term Disability (STD) is an employer paid benefit provided through Ochs, Inc. to all regular full-time employees working 30 hours or more per week. Elected officials are excluded.

Short Term Disability is intended to cover disabilities of short duration and has a 30-day ***unpaid*** waiting period to qualify. Disability does not have to be work related. Short Term Disability insurance covers 60% of weekly wages up to a maximum of $2,200 per week. Mohave County allows employees to use PTO, if available, to make the employee's paycheck "whole". Short Term Disability pays for a maximum of 180 days including the 30-day ***unpaid*** waiting period.
See plan document or contact Human Resources for specific coverage rules and details.

Long Term Disability for ASRS Members

Active members making contributions to the Arizona State Retirement System are also part of the ASRS Long Term Disability Income Program, funded by a separate contribution rate from the ASRS Defined Benefit Plan.

The LTD plan provides you with a monthly benefit designed to partially replace income lost during periods of total disability resulting from a covered injury, sickness, or pregnancy.

For more information contact Human Resources or go online to www.azasrs.gov/long-term-disability for the LTD Employee Guide.

Mohave in Motion Wellness Program

The MCEBT Mohave in Motion Wellness Program focuses on Early Detection, Lifestyle Modification, and Disease Management. The Federal Government mandates 100% coverage of listed preventative services. A list of these services can be found at www.healthcare.gov under the prevention and wellness section.

Below are some of the screenings and wellness offerings you can expect to see onsite:

- Health Risk Assessments
- Healthy Heart Blood Draw
- Skin Cancer Screenings
- Cardiac & Organ Screenings
- Mammography Screenings
- Prostate Screenings
- Flu, Pneumonia, and Shingles Vaccinations

Wellness Committee Ambassadors needed! If you are passionate about health and wellness, please contact your department head or the HR Benefits manager to join our team.

Identity Theft Prevention

Mohave County offers free (employer-paid) identity theft protection under UltraSecure ID to all eligible employees through Identity Force. **You must elect to have this coverage and activate your portal within sixty (60) days**. You also have the opportunity to upgrade to UltraSecure ID Family to elect household coverage, UltraSecure Premium which includes additional features, or to UltraSecure Premium Family to cover parents/grandparents/in-laws.

A listing of the Plan Features can be found at:

https://resources.mohave.gov/file/HumanResources/Benefits/IdentityForce%20Flyer.pdf

IdentityForce. A Sontiq Brand

In Partnership with CYBERSCOUT A Sontiq Brand

Basic Life Insurance

Mohave County offers Basic Life & AD&D benefits through Ochs, Inc. at **no cost to you** providing you meet the work and member definitions as defined in the Life Insurance Policy.

Basic life Insurance: $50,000

If your insurance under the Group Policy ends because your employment with Mohave County terminates, you may be eligible to buy portable group insurance.

Ochs, Inc. Life Insurance

Mohave County makes available to its employees voluntary ***Additional Life Insurance*** through Ochs, Inc. Insurance. Payroll deductions for this voluntary benefit are available. Coverage is available as follows:

- **Employee**: Coverage is available in increments of $10,000 up to a maximum of $300,000.
- **Spouse**: Coverage is available in increments of $10,000 up to a maximum of $50,000, but not to exceed 100% of the Employee's coverage amount.
- **Child**: You may elect life insurance for your eligible children up to age 26 in the amount of $10,000 or $20,000.
- This plan offers a onetime guaranteed issue during initial enrollment (within 31 days of hire) of $300,000 for the employee and $50,000 for the spouse.
- The coverage amount for the spouse cannot exceed the amount for the employee, including basic life insurance.
- All late applications, request for coverage increases and reinstatements are subject to medical underwriting approval. If you are a late applicant, you will have to complete the Evidence of Insurability (EOI) for any volume amount requested.

It is YOUR responsibility to notify Human Resources if you have any changes to eligibility including dependent children who become ineligible for coverage due to their age, spouses, former spouses, etc.
REMEMBER TO UPDATE YOUR BENEFICIARIES AFTER ANY MAJOR LIFE CHANGE!!!

Accidental Death and Dismemberment (AD&D) Insurance

Mohave County offers AD&D Insurance through Ochs, Inc. Insurance. More information can be obtained on the Human Resources page of the Mohave County website in the Benefits section.

Optional/Voluntary Benefits

- AETNA
  - Accident Plan
  - Critical Illness Plan
  - Hospital Indemnity Plan

- Supplemental Retirement Options
  - Mission Square
  - Nationwide

www.Mohave.gov
For AETNA options on our Benefits page

AETNA Accident Plan

The AETNA Accident Plan pays benefits when you get treatment for an accidental injury. The plan pays for a long list of covered minor and serious injuries, and the benefits can be used to help pay out-of-pocket medical costs or personal expenses.

AETNA Critical Illness Plan

The AETNA Critical Illness Plan pays benefits when a doctor diagnoses you with a covered serious illness or condition, like heart attack, stroke, cancer, and more, and the benefits can be used to help pay out-of-pocket medical costs or personal expenses.

AETNA Hospital Indemnity Plan

The AETNA Hospital Indemnity Plan pays benefits when you have a planned, or unplanned, hospital stay for an illness, surgery, or having a baby. The plan pays a lump sum benefit for admission and a daily benefit for a covered hospital stay, and the benefits can be used to help pay out-of-pocket medical costs or personal expenses.

A beneficiary is REQUIRED for each AETNA plan

These plans do NOT count as Minimum Essential Coverage under the Affordable Care Act. It is a supplement to health insurance and is not a substitute for major medical coverage.

Tax Deferred Compensation

Mohave County employees may choose to participate in approved voluntary Deferred Compensation Plans intended as supplements to your current Mohave County retirement plan:

- **Mission Square Retirement (formerly known as ICMA-RC)** Pre-tax contributions you make reduce your taxable income for the year. These contributions and all associated earning are then not subject to tax until you withdraw them. You also may be able to make after-tax Roth contributions with allow for potentially tax-free earnings. For **2024**, you can contribute up to $23,000. Employees aged 50 or older may contribute up to $30,500. Employees taking advantage of the special pre-retirement catch-up may be eligible to contribute up to double the normal limit, or a total of $45,000.

- **Nationwide Retirement Solutions** A type of nonqualified, tax advantaged deferred-compensation retirement plan that is available for governmental and certain nongovernmental employers in the United States. Plans allow employees of sponsoring organizations to defer income taxation on retirement savings into future years. The **2024** tax year allows for contributions up to $23,000 under age 50. Age 50 plus, $30,500 annually.

Retirement

Mohave County participates in four (4) retirement systems, based on your classification, and offers a full company match. Retirement contributions are **mandatory**; you cannot opt out:

- **Arizona State Retirement System (ASRS)**: https://www.azasrs.gov/
  - Current contribution rate as of July 1, 2024, is 12.27%
- **Correction Officers Retirement Plan (CORP)**: www.psprs.com/corrections-officer/member-benefits
  - Employees in Adult Detention. Members have 90 days to elect their contribution rate. You can designate between 5%-40% contribution (7% is the default if you don't make an election within the 90-day timeframe).
- **(AOC-CORP) Juvenile Detention and Adult Probation (Superior Court):** https://www.psprs.com/corrections-officer/member/New%20Members/aoc-probation-and-surveillance-officers
- **Public Safety Personnel Retirement Savings (PSPRS):** https://www.psprs.com/public-safety-personnel/member/new-members

Pre-Tax Deduction Plan

Section 125 is part of the Internal Revenue Code that allows employees to convert a taxable cash benefit (salary) into non-taxable benefits. Under a Section 125 program, or Cafeteria/Flexible Benefit Plan, you may choose to pay qualified benefit premiums before any taxes are deducted from your paycheck. By choosing benefit plans in the **pre-tax** option, you can save money. Here's an example of how it works:

*Medical, Dental, and Vision may be taken either pre or post tax.

*You cannot combine pretax plans with post-tax – you must either elect one or the other.

Section 125 Election	Post-Tax		Pre-Tax
Base Salary	$962.00	Base Salary	962
Retirement	$110.44	Retirement	110.44
		Benefit Premiums*	97.84
Taxable Earnings	**$851.56**	Taxable Earnings	**753.72**
Federal and State	$76.80	Federal and State	57.84
FICA	$72.25	FICA	62.76
Benefit Premiums*	$97.84		
Take Home Pay	**$604.87**	Take Home Pay	**633.12**

County Gyms

Mohave County has three (3) gyms for County employees use, free of charge:

Bullhead City: Superior Court/Probation Department building – 967 Hancock Rd, Suite 25
Kingman: Administrative Building – 700 W. Beale St.
Kingman: Development Services Building – 3250 E. Kino Dr

The Fitness Center form needs to be completed and submitted to HR for access/use.

Only the employee and their spouse can use the fitness centers; no children are allowed

Provider Directory

The Provider Directory lists the benefit providers Mohave County utilizes with their phone numbers and websites to assist with finding more information or answering your questions. The directory is available to you on the Human Resources page at: www.Mohave.gov under Benefits, or you can contact Human Resources for a printed copy.

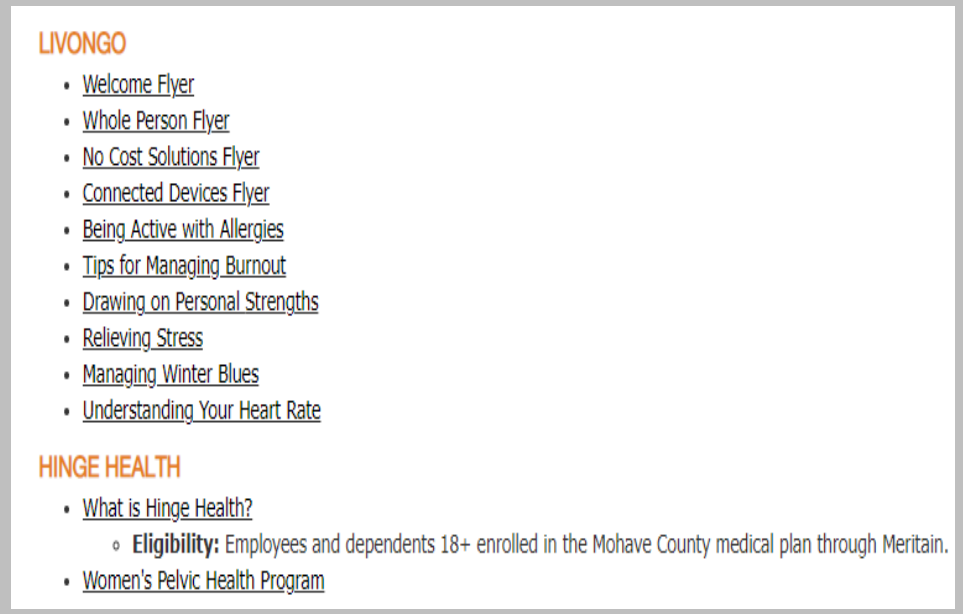
These materials were created to help you understand the benefits available to you. This is not a Summary Plan Description and is not intended to replace the benefit summaries or schedule of benefits contained within the Plan. If any provision of these material is inconsistent with the language of the Plan, the language of the Plan will govern.

Mohave County Employer Provided Benefits

Livongo: Whole Person
Diabetes Prevention/Management
Hypertension Management

Hinge Health: Personalized care related to musculoskeletal health

www.Mohave.gov > Human Resources, Benefits, Employee Wellness Program



LIVONGO

- Welcome Flyer
- Whole Person Flyer
- No Cost Solutions Flyer
- Connected Devices Flyer
- Being Active with Allergies
- Tips for Managing Burnout
- Drawing on Personal Strengths
- Relieving Stress
- Managing Winter Blues
- Understanding Your Heart Rate

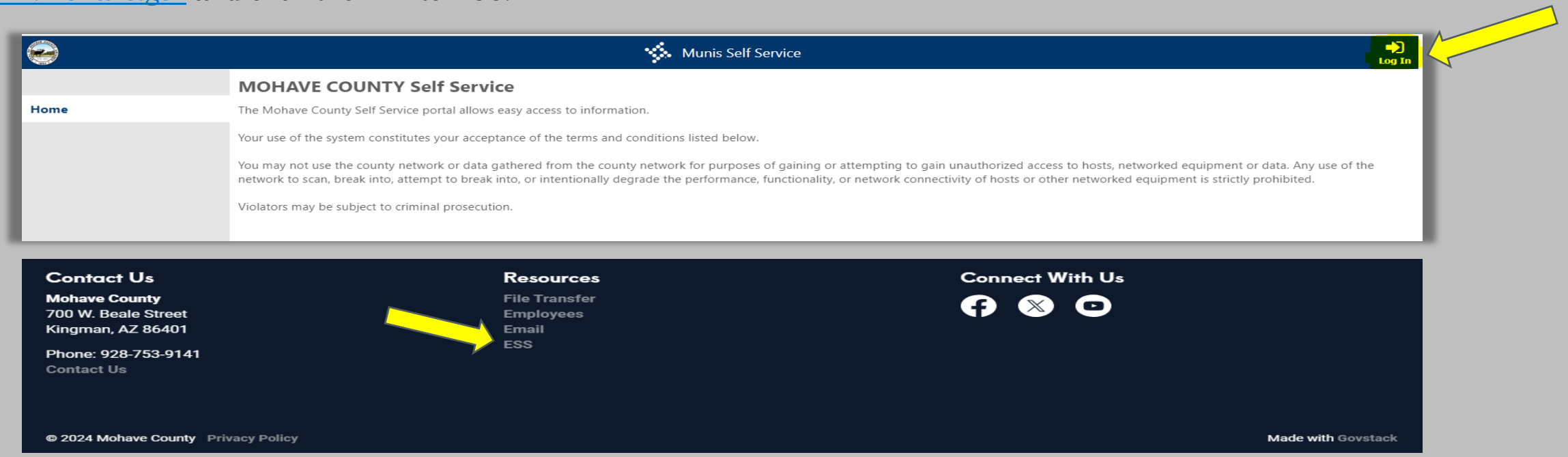
HINGE HEALTH

- What is Hinge Health?
  - **Eligibility:** Employees and dependents 18+ enrolled in the Mohave County medical plan through Meritain.
- Women's Pelvic Health Program

Employee Self Service (ESS) Reference

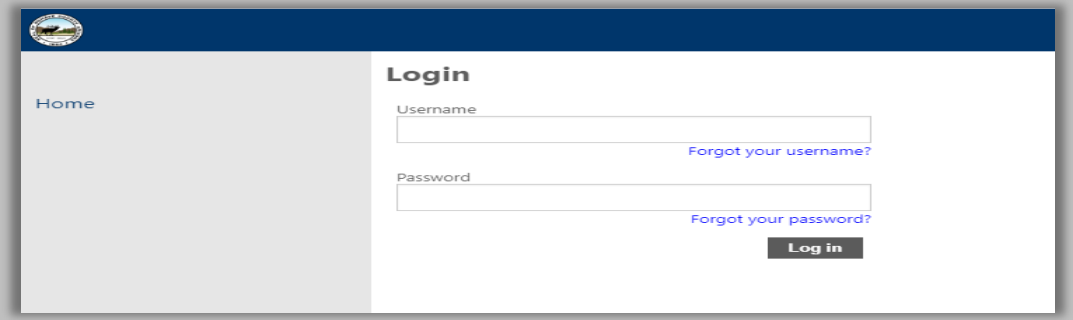
Logging into ESS

Use the following link: https://munisweb.mohavecounty.us/ess/default.aspx or access it via the County's website www.Mohave.gov and click the link to ESS:



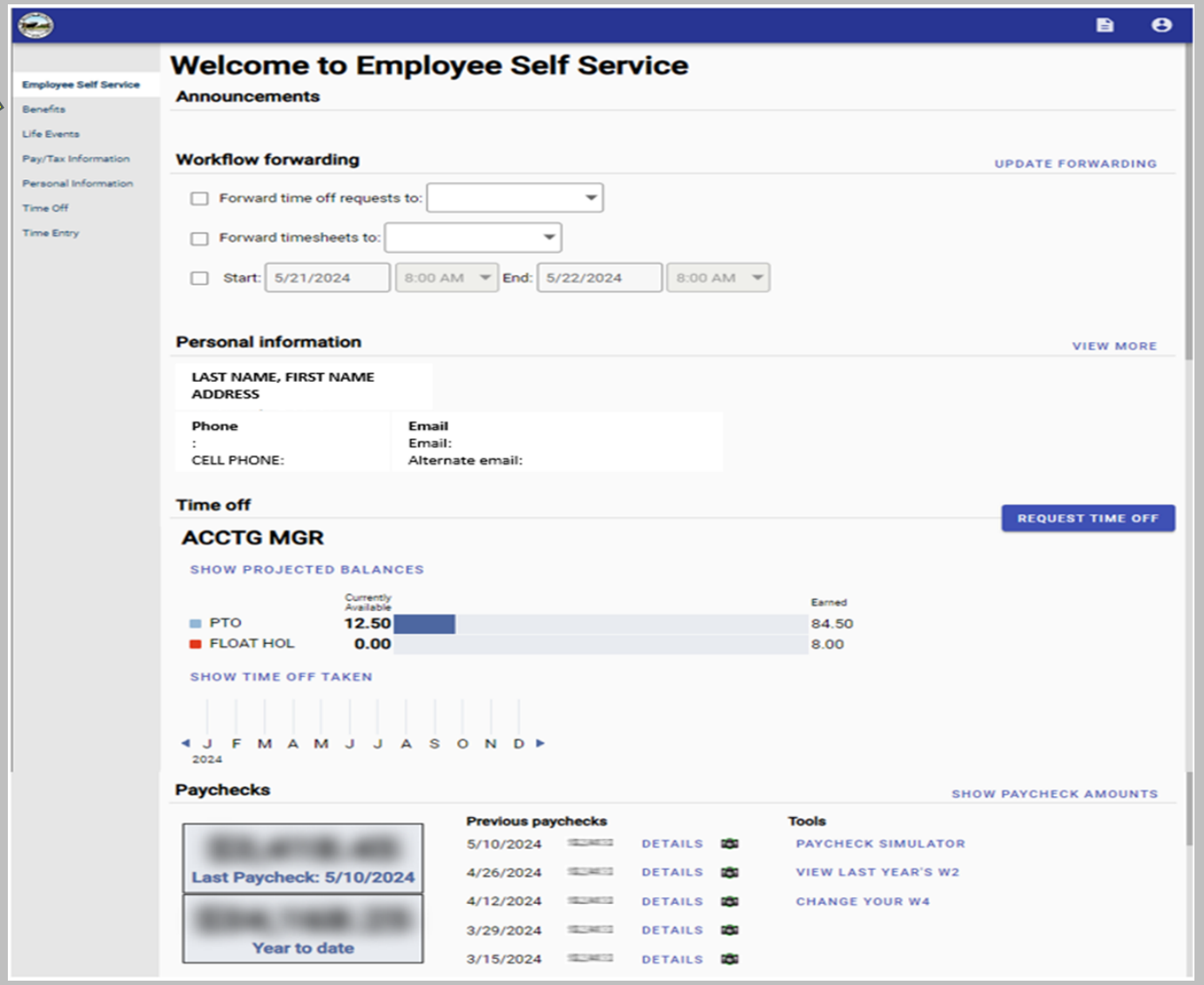
1. Once in ESS, click "Log in":

Username is your employee ID number and initial password is the last 4 digits of your social security number. You will be prompted to change it after your initial log in.



2. Your screen will look like this:

You will make your Benefit elections under the Benefits tab. Once you click on Benefits, your election options will be available to make your Medical, Dental, Vision, life insurance, and any additional voluntary benefit elections.



Employee Self Service (ESS) Time Entry

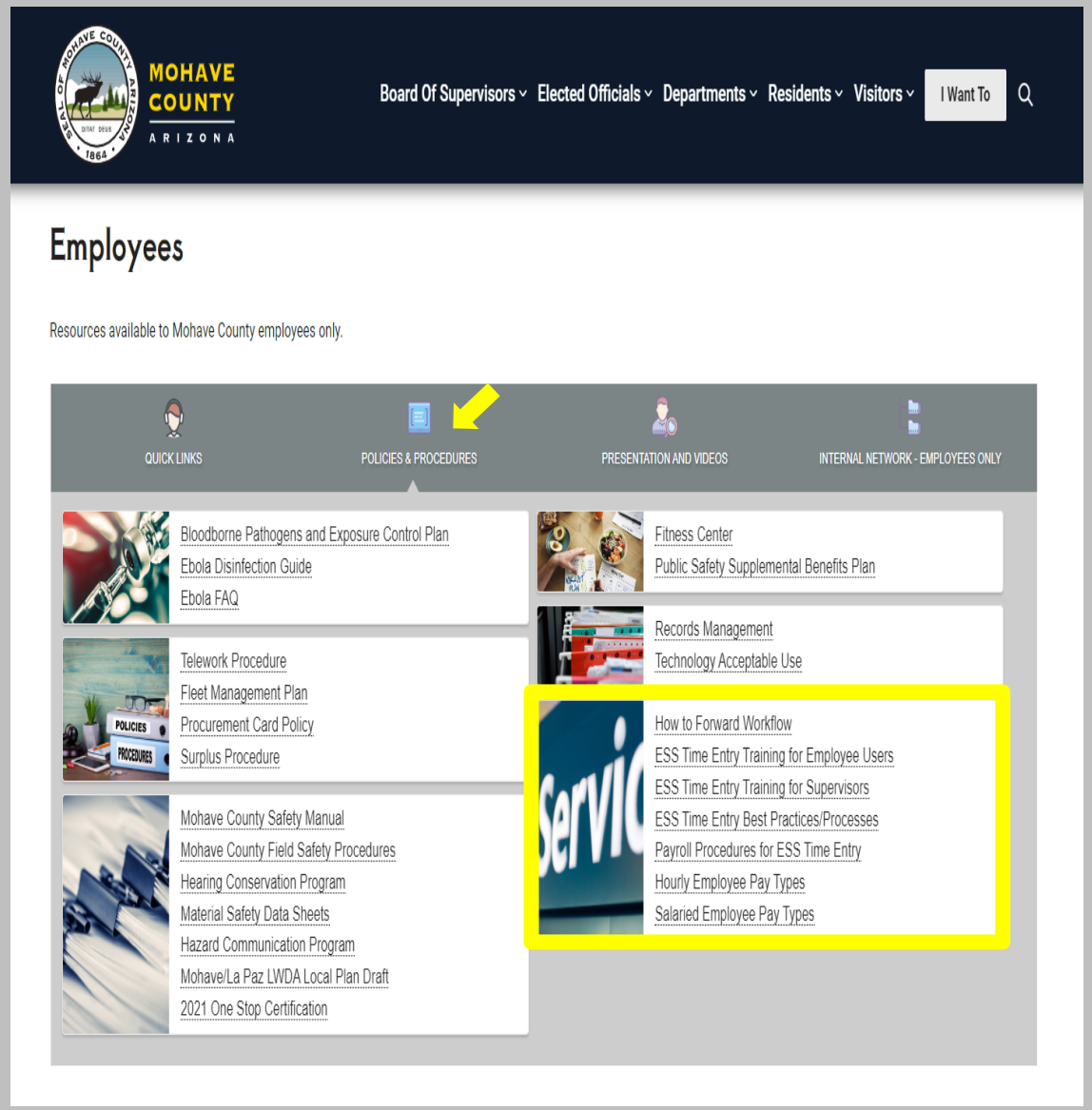
ESS Time Entry is your digital timecard, used to enter and track hours worked for bi-weekly payroll processing.

You WILL NOT have access to Time Entry until your second week of work with the County due to the time it takes to process new hire paperwork.

On the County website, under the **Employees** link, in the **Policies & Procedures** tab, there are resources related to ESS Time Entry.

Those resources include lists of Pay Types and their respective policies, best practice recommendations for employee & supervisors, PowerPoint training slides,
and a brief description of Payroll's procedures for processing bi-weekly payroll.

Any additional questions or concerns can be routed to the Payroll department via email at Payroll@mohave.gov.



Mohave County
Insurance Rates 2024 – 2025

PLAN	Employee Bi-Weekly	Employee Monthly
Traditional Medical		
Employee Only	45.96	91.92
Employee/Spouse	139.38	278.76
Employee/Child	123.00	246.01
Employee/Family	200.34	400.68
High Deductible		
Employee Only	39.26	78.51
Employee/Spouse	117.46	234.93
Employee/Child	104.46	208.93
Employee/Family	166.40	332.79
Ameritas Dental Low Option		
Employee Only	4.94	9.88
Employee/Spouse	9.93	19.86
Employee/Child	8.99	17.98
Employee/Family	14.29	28.58
Ameritas Dental High Option		
Employee Only	11.10	22.20
Employee/Spouse	22.28	44.56
Employee/Child	22.08	44.16
Employee/Family	33.35	66.70
EyeMed Vision		
Employee Only	3.22	6.43
Employee/Spouse	6.11	12.21
Employee/Child	6.42	12.84
Employee/Family	9.44	18.88
VSP (Ameritas) Vision		
Employee Only	3.22	6.43
Employee/Spouse	6.11	12.21
Employee/Child	6.42	12.84
Employee/Family	9.44	18.88

- Rapid results in 20 minutes.
- Totally confidential.
- Can be scheduled on your lunchbreak.
- Available at the County Nursing Departments in LHC, BHC, and Kingman.
- Everyone should get tested at least once.
- It's FREE!

To schedule your free, confidential HIV screening:

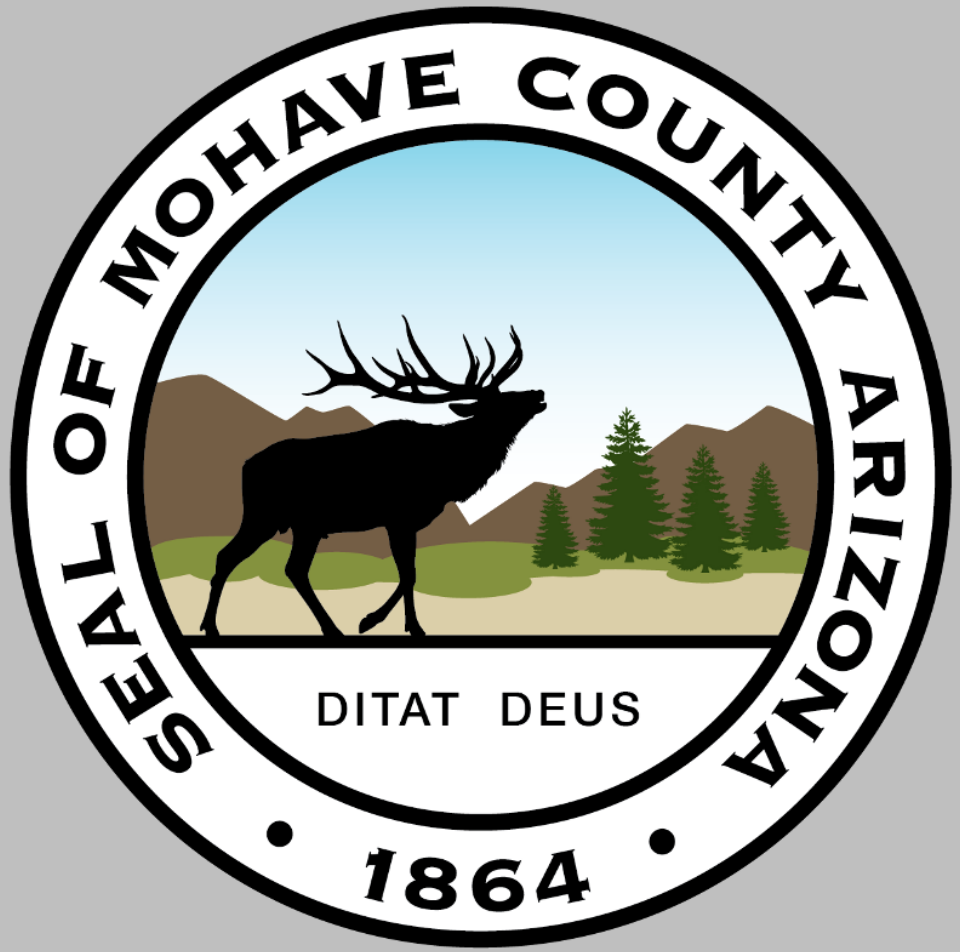
Call or Text 928-260-6757

@MCPHHIV

Mohave County
Department of Public Health
Count On Us

PHAB

Notices



EMPLOYEE RIGHTS
UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

BENEFITS & PROTECTIONS

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

U.S. DEPARTMENT OF LABOR

COBRA

(Consolidated Omnibus Budget Reconciliation Act)

What is COBRA continuation health coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

What does COBRA do?

COBRA requires continuation coverage to be offered to covered employees, their spouses, former spouses, and dependent children when group health coverage would otherwise be lost due to certain specific events such as separation from employment. COBRA continuation coverage is often more expensive than the amount that active employees are required to pay for group health coverage, since the employer usually pays part of the cost of employees' coverage and all of that cost can be charged to individuals receiving continuation coverage.

Who is entitled to continuation coverage under COBRA?

In order to be entitled to elect COBRA continuation coverage a qualifying event must occur; and you must be a qualified beneficiary for that event. A qualified beneficiary can include you, your spouse and any dependent child covered under the plan on the day before a qualifying event that causes you to lose coverage under the Plan.

How do I become eligible for COBRA continuation coverage?

To be eligible for COBRA coverage, you must have been enrolled in your employer's health plan when you worked. COBRA continuation coverage is available upon the occurrence of a qualifying event that would, except for the COBRA continuation coverage, cause an individual to lose his or her health care coverage such as separation from employment.

How do I find out about COBRA coverage?

Contact the Human Resources Department.

Source: https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/cobra-continuation-health-coverage-consumer.pdf

THE FAIR WAGES AND HEALTHY FAMILIES ACT

Earned Paid Sick Time

EXEMPTIONS: The Fair Wages and Healthy Families Act (the "Act") does not apply to any person who is employed by a parent or a sibling; any person who is employed performing babysitting services in the employer's home on a casual basis; or any person employed by the State of Arizona or the United States government.

ENTITLEMENT AND AMOUNT: Beginning July 1, 2017, employees are entitled to earned paid sick time and accrue a minimum of one hour of earned paid sick time for every 30 hours worked, subject to the following limitations:

- Employees whose employers have less than 15 employees may only accrue or use 24 hours of earned paid sick time per year.
- Employees whose employers have 15 or more employees may only accrue or use 40 hours of earned paid sick time per year.

Employers are permitted to select higher accrual and use limits.

TERMS OF USE: Earned paid sick time may be used for the following purposes: (1) medical care or mental or physical illness, injury, or health condition; or (2) a public health emergency; and (3) absence due to domestic violence, sexual violence, abuse, or stalking. Employees may use earned paid sick time for themselves or for family members. *See* Arizona Revised Statutes § 23-373 for more information.

RETALIATION & DISCRIMINATION PROHIBITED: Employers are prohibited from discriminating against or subjecting any person to retaliation for: (1) asserting any claim or right under the Act, including requesting or using earned paid sick time; (2) assisting any person in doing so; or (3) informing any person of their rights under the Act.

ENFORCEMENT: Each employee has the right to file a complaint with the Industrial Commission's Labor Department alleging that an employer has violated the Act. Certain time limits apply. A civil action may also be filed as provided in the Act. Violations of the Act may result in penalties.

INFORMATION: For additional information regarding the Act, you may refer to the Industrial Commission's website at www.azica.gov or contact the Industrial Commission's Labor Department: 800 W. Washington, Phoenix, Arizona 85007-2022; (602) 542-4515.

THIS POSTER MUST BE CONSPICUOUSLY POSTED IN A PLACE THAT IS ACCESSIBLE TO EMPLOYEES

IT HELPDESK WEBSITE:

http://support.mohave.gov

IT HELPDESK E-MAIL:

Help Desk or support@mohavecountyus.zendesk.com

IT HELPDESK PHONE:

Internal: 4357 (HELP) - External: 928-753-0740 Monday thru Friday 7a to 5p, except holidays

ACCESSING WEBMAIL:

https://www.mohave.gov/ then select on E-Mail link at the bottom of

the page

ACCESSING E-MAIL QUARANTINE and E-MAIL ARCHIVE:

https://www.mohave.gov/click select employees link at the bottom of the page. Select E-Mail Quarantine or IPRO Archive (E-Mail Archive)

ACCESSING PAYSTUBS AND OTHER EMPLOYEE INFO:

https://www.mohave.gov/ select ESS link at bottom of the page. Log into ESS with employee number.

COUNTY WIFI: MOHCNTY

Available 24 hours. Requires County login or authorized County device. No personal devices allowed. No hotspots allowed. Monitored system.

PUBLIC WIFI: MOHAVE PUBLIC

Available M-F 6a-7p. No hotspots allowed. This is open wifi for personal devices. Monitored system. Not at all locations.

COUNTY PASSWORD POLICY:

16 Characters required to change once a year